STATE OF INDIAN LAKE COUNT FILED FOR RECORD

2013 055305

2013 JUL 30 AM 9: 29

MICHAEL B. BROWN RECORDER

Return Tax Bills to:

Aurelio Alvarez, Jr. 4018 Cameron Avenue Hammond, IN 46327

## SURVIVORSHIP AFFIDAVIT

Aurelio Alvarez, Jr., being duly sworn upon his oath, says:

1. He is the owner in fee simple of the real estate located in Lake County, State of Indiana, commonly known as 4018 Cameron Avenue, Hammond, Indiana 46327, and more particularly described as follows:

> Lot 19 in Block 5 in Steel Manor, in the City of Hammond, as per plat thereof, recorded in Plat Book 19, page 20, in the Office of the Recorder of Lake County, Indiana. the property of

JUL 3 0 2013

**PEGGY HOLINGA KATONA** 

- That he and Trine M. Alvarez, a/k/a Trinidad M. Alvarez, were married on the 18th day 2. of February, 1956. That as husband and wife they acquired title to said real estate. That title to said real estate was held as tenants by the entirety.
- 3. That Trine M. Alvarez, a/k/a Trinidad M. Alvarez, a resident of Lake County, Indiana, died on the 4th day of June, 2013, at which time said real estate became the sole property of the affiant.
- 4. That the decedent's gross probate estate, less liens and encumbrances, does not exceed the amount allotted under 29-1-8-1 and that no estate is pending in any Indiana court, no Federal Estate Tax and no Indiana Inheritance Tax regarding the estate of Trine M. Alvarez, a/k/a Trinidad M. Alvarez is due or payable.
- 5. The statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to obviate any problem concerning Federal Estate Tax or Indiana Inheritance Tax, and to induce the Auditor of

14038

Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to Aurelio Alvarez, Jr., whose mailing address for real estate tax purposes is 4018 Cameron Avenue, Hammond, Indiana 46327.

Further your affiant sayeth not.

Aurelio Alvarez, Jr.

4018 Cameron Avenue, Hammond, IN 46327

STATE OF INDIANA ) SS. COUNTY OF LAKE

Before me, a Notary Public in and for said county and state, personally appeared Aurelio Alvarez, Jr., and being first duly sworn by me upon his oath, says that the facts alleged in the foregoing Survivorship Affidavit are true.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. 1

Signed and sealed this 15 day of July

My Commission Expires: 11/7/2017 Resident of Lake County

Prepared by: Attorney Lisa A. Kmak, 1022-119th Street, Whiting, IN 46394. (219) 659-1355.

Page 2 of 2

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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Social Security Numbers   Securi	Decedent's Legal Name (First	Middle, Last)				1a. Maiden N	iame (If fem	ale)	2. Sex	3, Ti	me Of Death	4. Date	Of Death	(Month/Day/Yea
Note to U.S. Ammer Force														
Start Park   Description   D	Social Security Number   6a.	Age - Yrs	6b. Under 1	Year 60	:. Under 1 M	lonth 6d, Under 1 Day	y 6e. Un	nder 1 Hour 7. Da	ite of Birth (M	onth/Day/Year)	8. Birthplace (C	ity and State	or Foreig	n Country)
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Location Of Injury - State  38a. City Or Town  38b. Street & Number  38c. Apt. No.  38c. Apt. No.  38d. Zip Code  40. If Transportation Injury, Specify:				ot Pregnant, B	ut Pregnant 43 D	ays To 1 year Before Death	Unknow	on Il Pregnant Within The P.	est Year	Suicide [	Could Not Be	Determined	renom	A wisesingsnou
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Signature, Of Person Certifying Cause Of Death:  BERTO RAUL SANCHEZ, BY ELECTRONIC SIGNATURE  BERTO RAUL SANCHEZ, BY ELECTRONIC SIGNATURE  BERTO RAUL SANCHEZ, T310 WEST LINCOLN HIGHWAY, CROWN POINT, IN 46307  BERTO RAUL SANCHEZ, 7310 WEST LINCOLN HIGHWAY, CROWN POINT, IN 46307  Additional Funeral Service Provider:  Signature of Local Health Officer:  JUN 07 2013						1 1	حم کتا د د د							
Signature, Of Person Certifying Cause Of Death:  BERTO RAUL SANCHEZ, BY ELECTRONIC SIGNATURE  Name, Address And Zip Code Of Person Certifying Cause Of Death:  BERTO RAUL SANCHEZ, 7310 WEST LINCOLN HIGHWAY, CROWN POINT, IN 46307  Additional Funeral Service Provider:  Signature of Local Health Officer:  JSAN W. BEST, VIA ELECTRONIC SIGNATURE  42. Certifier (Check Only One)  Certifying Physician □ Coroner  44. License Number  45. Date Certified  06/07/2013  47. *Akas:  47. *Akas:  JUN 07 2013	. Describe How Injury Occurred	1				E	EAN	, LIL		40. If Transp	ortation I <b>njury</b> , S Passenger	pecify: Pedestrian	Other (Specify	)
BERTO RAUL SANCHEZ, BY ELECTRONIC SIGNATURE  Name, Address And Zip Code Of Person Certifying Cause Of Death:  BERTO RAUL SANCHEZ, 7310 WEST LINCOLN HIGHWAY, CROWN POINT, IN 46307  Additional Funeral Service Provider:  C:  Signature of Local Health Officer:  JUN 07 2013	. Signature, Of Person Certifyi	ng Cause Of [	Death:			(V)	//DIAN	IIIIII	42/2					
BERTO RAUL SANCHEZ , 7310 WEST LINCOLN HIGHWAY, CROWN POINT, IN 46307  Additional Funeral Service Provider:  C:  Signature of Local Health Officer:  JSAN W. BEST, VIA ELECTRONIC SIGNATURE  01038216A 06/07/2013 47. *Akas:  47. *Akas:  49. For Registrar Only - Date Filed (Month/Day/Year):  JUN 07 2013	BERTO RAUL SAN	CHEZ, E	Y ELECT			ATURE	-			ertifying Physician	Coron			
Additional Funeral Service Provider:  C:  Signature of Local Health Officer:  JUN 07 2013	Name, Address And Zip Code	Of Person Co	entifying Cause	Of Death:					_/	44, Lice	ense Number	4:	5. Date C	ertified
Signature of Local Health Officer:  49. For Registrar Only - Date Filed (Month/Day/Year):  JUN 07 2013			7310 WE	ST LIN	COLN H	IIGHWAY, CRO	OWN PO	INT, IN 4630	7				06/0	)7/2013
Signature of Local Health Officer:  49. For Registrar Only - Date Filed (Month/Day/Year):  JUN 07 2013	Additional Funeral Service Pr	ovider:		C 4			-			47. *A	kas:			
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	JSAN W. BEST, VIA	ELECTE	RONIC SI	GNATI		MENT TO 2227			1		JUN 07	2013		
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Slale Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.